



South Carolina Department of Health and Environmental Control

Bureau of Solid & Hazardous Waste Mgt.
2600 Bull Street, Columbia, SC 29201
Phone: (803) 734-5200
Emergency & Holidays: (803) 253-6488

PLEASE PRINT or TYPE (Form designed for use on elite (12-pitch) typewriter)

Form Approved. OMB No. 2050-0039 Expires 9-30-91

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's U.S. EPA ID No. NJDP00139404091001	Manifest Document No. 1	2. Page 1 of 1	Information in the shaded areas is not required by Federal law, but is by State law.
3. Generator's Name and Mailing Address USEPA Region II WOODBRIDGE AVE EDISON NEW JERSEY 08837		SYNKOTE PAINTS 144-160 VAN RIPER AVE ELMWOOD PARK N.J. 07407			A. State Manifest Document Number
4. Generator's Phone (201) 906-6899					B. State Generator's ID
5. Transporter 1 Company Name VOCOL		6. U.S. EPA ID Number PAID097155014			C. State Transporter's ID
7. Transporter 2 Company Name		8. U.S. EPA ID Number			D. Transporter's Phone 215-868-5800
9. Designated Facility Name and Site Address ThermalKEM Inc. 2324 Vernesdale Road Rock Hill, SC 29730		10. U.S. EPA ID Number SCID044442333			E. State Transporter's ID
					F. Transporter's Phone
					G. State Facility's ID
					H. Facility's Phone 803-324-5310
11. U.S. DOT Description (including Proper Shipping Name, Hazard Class, and ID Number)		12. Containers No.	13. Total Quantity	14. Unit Wt/Vol	I. Waste Number
a. HAZARDOUS WASTE SOLID, N.O.S. / ORM-E / NA 9189		001	CM	000.22 Y	6666
b.					
c.					
d.					
J. Additional Descriptions for Materials Listed Above		K. Handling Codes for Wastes Listed Above			
a. [S,T]-[0,0,0,0,5]-[2,9,1,2]		T09			
b. [S,T]-[]-[]-[]-[]-[]					
c. [S,T]-[]-[]-[]-[]-[]					
d. [S,T]-[]-[]-[]-[]-[]					
15. Special Handling Instructions and Additional Information TRANS ID # NJDEPS 7465 DEAL # 73634 SAN 94979		Public reporting burden for this collection of information is estimated to average: 37 minutes for generators, 15 minutes for transporters, and 10 minutes for treatment storage and disposal facilities. This includes time for reviewing instructions, gathering data, and completing and reviewing the form. Send comments regarding this burden estimate, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St. S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.			
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations and the laws of the State of South Carolina. If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.					
Printed/Typed Name DWAYNE M. HARRINGTON		Signature [Signature]		Month Day Year 01 02 91	
17. Transporter 1 Acknowledgement of Receipt of Materials Printed/Typed Name WILLIAM JUNT		Signature [Signature]		Month Day Year 01 02 91	
18. Transporter 2 Acknowledgement of Receipt of Materials Printed/Typed Name		Signature		Month Day Year	
19. Discrepancy Indication Space		268893 [Barcode]			
20. Facility Owner or Operator, Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19. Printed/Typed Name		Signature		Month Day Year	

STATE OF SOUTH CAROLINA INSTRUCTIONS FOR UNIFORM HAZARDOUS WASTE MANIFEST

These Instructions Must Accompany Each "Original" Manifest

IMPORTANT: TYPE (on a 12-pitch (elite) typewriter) OR USE FIRM POINT PEN - PRESS DOWN HARD

ALL COPIES MUST BE LEGIBLE!

GENERAL INFORMATION: Federal Regulations require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to use the U.S. EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] and, if necessary, the continuation sheet U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) for both inter-state and intra-state transportation. Transporters who transport hazardous waste into the United States from another country are responsible for completing the manifest. Federal and State regulations also require generators and transporters of hazardous waste and owners or operators of hazardous waste treatment, storage, or disposal facilities to complete the following information.

GENERATOR SECTION

1. **Generator's U.S. EPA ID Number - Manifest Document Number:** Enter the generator's U.S. EPA twelve digit identification number and the unique five digit number assigned to this manifest by the generator beginning with 00001. If your company does not have a U.S. EPA identification Number, please contact S.C. DHEC at (803) 734-5200 about obtaining an identification number.
2. **Page 1 of:** Enter the total number of pages used to complete this manifest, i.e., the first page EPA Form 8700-22 Rev. 9/88 [DHEC 1988 (REV 5/89)] plus the number of continuation sheets EPA Form 8700-22 Rev. 9/88A (DHEC 1988A) (REV. 5/89) if any.
 - A. **State Manifest Document Number:** Leave blank.
 - B. **State Generator Identification Number:** Leave blank.
3. **Generator's Name and Mailing Address:** Enter the name and mailing address of the generator who will manage the returned manifest forms.
4. **Generator's Phone Number:** Enter a telephone number with area code where an authorized agent of the generator can be reached in the event of an emergency including nights, weekends, and holidays.
5. **Transport 1 Company Name:** Enter the company name of the first transporter who will transport the waste.
6. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the first transporter identified in item 5.
7. **State Transporter's ID Number:** Leave blank.
8. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the first transporter can be reached in the event of an emergency including nights, weekends, and holidays.
9. **Transporter 2 Company Name:** If applicable, enter the company name of the second transporter who will transport the waste. If more than 2 transporters will be used, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) continuation sheet and list the transporters in the order they will be transporting the waste.
10. **U.S. EPA ID Number:** If applicable, enter the U.S. EPA twelve digit ID number of the second transporter identified in item 7.
11. **State Transporter's ID Number:** Leave blank.
12. **Transporter's Phone Number:** Enter a telephone number including area code where an authorized agent of the second transporter can be reached in the event of an emergency including nights, weekends, and holidays.
13. **Designated Facility Name and Site Address:** Enter the company name and site address of the treatment, storage, or disposal facility designated to receive the waste listed on this manifest. The address must be the site address, which may differ from the mailing address.
14. **U.S. EPA ID Number:** Enter the U.S. EPA twelve digit identification number of the designated treatment, storage, or disposal facility identified in item 9.
15. **State Facility's ID Number:** Leave blank.
16. **Facility's Phone Number:** Enter a telephone number including area code where an authorized agent of the facility can be reached in the event of an emergency including nights, weekends, and holidays.
17. **U.S. DOT Descriptions:** Enter proper shipping name, hazard class and ID Number (UN/NA) for each waste as identified in 49 CFR 171-177. If additional space is needed, use a U.S. EPA Form 8700-22A Rev. 9/88 (DHEC 1988A) (REV. 5/89) Continuation Sheet.
18. **Containers (no. and type):** Enter number of containers for each waste and the appropriate abbreviation from Table I (below) for the type of containers.

TABLE I

DM = Metal drums, barrels, kegs	TT = Cargo tanks (tank trucks)	CM = Metal boxes, cartons, cases, roll offs
DW = Wooden drums, barrels, kegs	TC = Tank cars	CW = Wooden boxes, cartons, cases
DF = Fiberboard or plastic drums, barrels, kegs	DT = Dump truck	CF = Fiber or plastic boxes, cartons, cases
TP = Tanks portable	CY = Cylinders	BA = Burlap, cloth, paper or plastic bags

19. **Total Quantity:** Enter total quantity of waste described on each line, relative to the units used in item 14.
20. **Unit (weight/volume):** Enter the appropriate abbreviations from Table II (below) for the unit of measure.

Table II

P = Pounds L = Liters K = Kilograms T = Tons M = Metric Tons N = Cubic Meters Y = Cubic Yards G = Gallons (liquid only)

21. **Waste Number:** Enter hazardous waste numbers as specified in South Carolina Hazardous Waste Management Regulation R.61-79.261 Subparts C and D to identify the hazardous waste on each line.
22. **Additional Descriptions for Materials Listed Above:** In the spaces provided, enter the authorization number (from the S.C. DHEC Authorization Request Form) for each waste stream listed in section 11 above. Note: Before any hazardous waste can be accepted for treatment, storage or disposal in South Carolina, the generator must obtain prior authorization from the treatment, storage or disposal facility.
23. **Handling Codes for Wastes Listed Above:** Leave blank.
24. **Special Handling Instructions and Additional Information:** Generators may use this space to indicate special transportation, treatment, storage or disposal information or Bill of Lading information. For international shipments, generators must enter in this space the point of departure (city and state) for those shipments destined for treatment, storage, or disposal outside the jurisdiction of the United States.
25. **Generator Certification:** The generator must READ, SIGN (BY HAND IN INK), and DATE the certification statement. If a mode other than highway is used, the word "highway" should be lined out and the appropriate mode (rail, water, or air) inserted in the space below. If another mode in addition to the highway mode is used, enter the appropriate additional mode (e.g., and rail) in the space below.

TRANSPORTER SECTION

26. **Transporter 1 Acknowledgement:** Enter the name of the person accepting the waste on behalf of the first transporter. That person must acknowledge acceptance of the waste described on the manifest by signing (BY HAND IN INK) and entering the DATE of receipt.
27. **Transporter 2 Acknowledgement:** Enter, if applicable, the name of the person accepting the waste on behalf of the second transporter. That person must acknowledge acceptance of the waste described on the manifest by SIGNING (BY HAND IN INK) and entering the DATE of receipt.

FACILITY SECTION

28. **Discrepancy Indication Space:** The authorized representative of the designated facility's owner or operator must note in this space any discrepancy between the waste described on the manifest and the waste actually received at the facility. Owners and operators of facilities who cannot resolve significant discrepancies within 15 days receiving the waste must submit to the Department a letter with a copy of the manifest describing the discrepancy and attempts to reconcile it. The treatment, storage, or disposal facility must enter the actual weight of waste in pounds in the spaces provided if the amount varies any from that specified by the generator in item 13 or if the generator uses a unit of measure other than pounds.
 29. **Facility Owner or Operator Certification:** Print or type the name of the person accepting the waste on behalf of the owner or operator of the facility. That person must acknowledge acceptance of the waste described on the manifest by SIGNING (BY HAND IN INK) and entering the DATE of receipt.
- IF ASSISTANCE IS NEEDED IN COMPLETION OF THIS MANIFEST, CONTACT THE TREATMENT, STORAGE, OR DISPOSAL FACILITY DESIGNATED TO RECEIVE THE WASTE OR THE S.C. DHEC MANIFEST SECTION AT (803) 734-5200 WEEKDAYS FROM 8:00 am TO 5:00 pm.

GENERATOR RESTRICTED WASTE NOTIFICATION LAND DISPOSAL RESTRICTIONS COMPLIANCE

This form meets generator restricted waste notification to ThermalKEM as required by 40 CFR Part 268.7. The notification statement under category IV is not required by law. However, we strongly request that you adhere to the intent. It has been written and included by ThermalKEM for the safety and benefit of our customers and our employees.

EFFECTIVE DATE:
AUGUST 8, 1990

Generator Name/Location USEPA Region II, Woodbridge Ave. Edison N.J. 08837 SYNKOTE PAINTS
144-160 VAN RIPER AVE
ELMWOOD PARK N.J.
07407

EPA ID Number NJD 001394 040 Manifest Number 91801

THIS FORM IS MANIFEST NUMBER SPECIFIC. PLEASE USE A NEW FORM FOR EACH MANIFEST NUMBER!

Waste Analysis Available? Yes No X If yes, attach copy per 40 CFR Part 268.7 (a) (1) (iv).

I. RESTRICTED WASTE NOTIFICATION (Corresponding Treatment Standard(s)) Certain wastes have been restricted from land disposal effective May 8, 1990, but are treatable at ThermalKEM. Restricted wastes [treatable at ThermalKEM] are listed in the attached Table I & II. If your waste is classified as any of those listed in Table I, write your ST number(s), the waste code(s), circle the waste code and its specific constituents, and check the applicable notification statement below. If your waste is classified as any of those listed in Table II, write your ST number(s), the waste code(s), the corresponding treatment standard from Table II as referenced by the 40 CFR 268.41, 268.42, or 268.43 designation and check the notification statement below. The treatment standard for each is the waste code marked "x" in Table II. Use additional forms as necessary to account for all ST numbers on your shipment. Treatment standards may be specific constituent limits or designated treatment technologies, i.e., Incineration by these Part 268 references. Please detach Table II and submit only this notification with your manifest.

		TREATMENT STANDARD - 40 CFR			
		268.41(a)	268.42(a)	268.43(a)	268
Example:	ST Number <u>00003-XXXX</u> Code(s): <u>D001</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST Number	Code(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST Number	Code(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST Number	Code(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ST Number	Code(s):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(/) I notify that I personally examined and am familiar with the waste through analysis and testing or through knowledge of the waste to support this notification that the waste does not comply with the treatment standards specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in appropriate regulatory treatment standard (to the appropriate treatment standard, if applicable) prior to land disposal.

II. WASTE SPECIFIC PROHIBITIONS. (California list wastes.) Additional notification is required under 40 CFR 268.32(j) to state specific characteristics for which land disposal is prohibited. If your waste contains any of these constituents or meets any of these properties, please check below.

- 1) PCB \geq 50 ppm 2) Halogenated organic carbon, (HOC's) \geq 1000 mg/l
3) Liquids or any free liquids associated with any solid or sludge, containing the following metals or compounds of these metals:
 Nickel (Ni) \geq 134 mg/l Thallium (Tl) \geq 130 mg/l

ST Number Code(s):
ST Number Code(s):

III. LAB PACK CERTIFICATION (APPENDIX IV & V) If your waste is contained in lab packs and is listed in Appendix IV - ORGANOMETALLIC LAB PACKS or V - ORGANIC LAB PACKS, one or both of the following certifications must be checked and the respective container numbers listed.

A. APPENDIX IV - ORGANOMETALLIC LAB PACKS

Container Number(s)

(/) I certify under penalty of law that I personally have examined and am familiar with the waste and that the lab pack contains only the wastes specified in Appendix IV to part 268 or solid wastes not subject to regulation under Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

B. APPENDIX V - ORGANIC LAB PACKS

Container Number(s)

(/) I certify under penalty of law that I personally have examined and am familiar with the waste through analysis and testing or through knowledge of the waste and that the lab pack contains only organic waste specified in Appendix V to part 268 or solid wastes not subject to regulation under Part 261. I am aware that there are significant penalties for submitting a false certification, including the possibility of fine or imprisonment.

IV. UNRESTRICTED WASTE NOTIFICATION If your waste does not fall into the categories listed above in Items I, II, or III, write in the ST Number(s) and the waste code(s) [South Carolina Designation = 7777 OR 6666] and check the following notification statement.

ST Number 00005-2912 Code(s): 6666
ST Number Code(s):

(/) I notify that I have personally examined and am familiar with the waste through analysis and testing or through notification that the waste is not restricted as specified in 40 CFR 268, Subpart D and all applicable prohibitions set forth in 268.32 or RCRA 3004(d).

Signature: Bruce Sprague Date: 12/31/90

Print Name: BRUCE SPRAGUE Title: CHIEF, RESPONSE & PREVENTION
BRANCA

PLEASE INCLUDE THIS NOTIFICATION WITH ORIGINAL SIGNATURE WITH YOUR MANIFEST!

TABLE I

F001, F002, F003, F004, F005 SOLVENT RESTRICTIONS

This restricted waste category is banned from land disposal under 40 CFR 268.30 and is subject to one or more treatment standards under 40 CFR Subpart D. Complete the information in Table I below by circling the appropriate waste constituent and treatment standard.

Constituent	Concentration Standard in Extract, mg/l	Constituent	Concentration Standard in Extract, mg/l	Constituent	Concentration Standard in Extract, mg/l
1. Acetone	0.59	10. Ethylbenzene	0.053	18. Pyridine	0.33
2. n-Butyl Alcohol	5.00	11. Ethyl ether	0.75	19. Tetrachloroethylene	0.05
3. Carbon Disulfide	4.81	12. Isobutanol	5.00	20. Toluene	0.33
4. Carbon Tetrachloride	0.96	13. Methanol	0.75	21. 1,1,1-Trichloroethane	0.41
5. Chlorobenzene	0.05	14. Methylene chloride	0.96	22. 1,1,2-Trichloro-1,2,2-Trifluoroethane	0.96
6. Cresols (and cresylic acid)	0.75	15. Methyl ethyl ketone	0.75	23. Trichloroethylene	0.091
7. Cyclohexanone	0.75	16. Methyl isobutyl ketone	0.33	24. Trichlorofluoromethane	0.96
8. 1,2-Dichlorobenzene	0.125	17. Nitrobenzene	0.125	25. Xylene	0.15
9. Ethyl acetate	0.75				